



Chris Christie
Governor

Kim Guadagno
Lt. Governor



Mary E. O'Dowd, M.P.H.
Commissioner

**Roundtable Discussion:
Hurricane Sandy Response
Oct. 26 through Nov. 9, 2012**

**Ocean County
January 23, 2013**



Agenda

Welcome: Barry H. Ostrowsky, President/CEO, Barnabas Health

Remarks: Donna Reinbeck, RN, BS, MS, Director of Patient Care for Oncology, Outpatient Infusion and Infusion Therapy at Community Medical Center

Powerpoint Presentation: Commissioner Mary E. O'Dowd, M.P.H.

Topics For Discussion:

- Health Care Facilities: Volume
- Medical Shelters
- Health Care Facilities: Evacuation & Impact
- Emergency Medical Services
- Communication Flow
- Resource Requests
- Regulatory Issues

Closing Remarks: Commissioner Mary E. O'Dowd, M.P.H.

Q & A From Audience



SUPER STORM SANDY ROUNDTABLE DISCUSSION

DISCUSSION GOALS

- **Share information on available assets**
- **Review Gaps/Challenges Presented
Responding to Hurricane Sandy from
10/26 through 11/9/2012**
- **Highlight Best Practices/Lessons Learned**
- **Preparation for Next Disaster**

HEALTHCARE FACILITIES - VOLUME

- **Strengths:**
 - Communications
 - Mobile Satellite Emergency Departments (MSEDs)
- **Areas for Improvement:**
 - Better utilization of “Ready NJ”
 - Triage and identification of non-acute/non-emergent medical needs to reduce ED volume:
 - Oxygen/electrical service for oxygen concentrators
 - Maintenance medications for chronic condition
 - Medical Needs Shelters

HEALTHCARE FACILITIES-IMPACT

- **Number of facilities evacuated: 13**
- **Strengths:**
 - Waivers pre-identified and issued
 - Evacuation plans and decisions were executed in an orderly fashion
 - Facilities on generator were prioritized for fuel
- **Areas for Improvement:**
 - Refine evacuation decision tree to ensure consistency in response
 - LTC facilities – emergency generator needed
 - Plans for sheltering-in-place to include residents/patients/staff
 - Encourage full-scale exercises of patient evacuation plans

MEDICAL SHELTERS

- **Strengths:**

- Dedicated staff and volunteer support
- Medical Reserve Corps (MRC) and other health staff support

- **Areas for Improvement:**

- Clarity of mission, roles and responsibilities for various agencies
- Personal medical supplies were lacking (walkers, wheelchairs, oxygen, batteries, etc.)
- Clarity of Medical Needs vs General Population Shelter

EMS

- **Strengths:**

- Waivers pre-identified and issued
- NJDOH EMS personnel were able to staff field response, State Emergency Operations Center (SEOC), Health Command Center (HCC), and normal office operations during storm
- EMS Task Force assets:
 - Medical Ambulance Buses
 - MSER
- Activation of Emergency Management Assistance Compact (EMAC) early
 - Indiana, Maryland, Pennsylvania, Vermont
 - 135 total out-of-state ambulances

- **Areas for Improvement:**

- Ensure shelter transportation is part of future emergency operation plans

COMMUNICATION FLOW

- **Strengths:**

- Pre-event communication between DOH, healthcare partners
- Predetermined conference calls with stakeholders (hospitals, health officers, long term care facilities) was effective to identify and address emergent issues
- DOH represented on calls with local officials

- **Areas of Improvement:**

- Distribution of pre-event press releases
- Information flow through proper channels (local-county-state)
- Improve mechanisms of communication
- Improve communication among local hospital/healthcare systems

REGULATORY ISSUES

- **Strengths:**
 - Regulatory staff were available to address emergent issues
 - Common waiver requests were pre-identified and provided on a timely basis
- **Areas for Improvement:**
 - Education and orientation on waiver request process
 - Opportunity to enhance preparedness at facilities

RESOURCE REQUESTS

- **Strengths:**

- Local coordination with OEM
- Good coordination between health care facilities and medical providers

- **Areas for Improvement:**

- Need for education and training on Resource Request process for:
 - Procuring supplies from appropriate suppliers
 - Timely return of borrowed/procured goods
 - Regional resource requests
 - Regional coordination

State Assets

- **EMS Task Force**
 - Medical Ambulance Bus
 - Mass Care Response Unit
 - Mobile Satellite Emergency Department (MSED)
- **Health Command Center**
 - Regional Medical Coordination Centers (8)
 - EMS Multi Agency Coordination Center (MACC)
 - Burn Medical Coordination Center
- **Waiver Process**
 - Healthcare Facility Waivers
 - Emergency Medical Services Waivers
 - Public Health Waivers
- **Medical Reserve Corps**
- **State Stockpile**
 - Pharmaceuticals
 - PPE
- **Register Ready**

Federal Assets

- **Emergency Management Assistance Compact (EMAC)**
 - Ambulances
 - ALS
 - BLS
 - EMS Incident Management Assistance Team (IMAT)
- **Disaster Medical Assistance Team (DMAT)**
- **Federal Medical Station (FMS)**
 - Rapid Deployment Force
- **FEMA Medical Ambulance Contract**
- **Strategic National Stockpile**
- **CDC Public Health Surveillance Assistance**

AFTER ACTION PROCESS

90-120 DAYS

- **Collect feedback from internal and external partners**
 - Feb. 20 Jersey City Medical Center
 - March 14 Joint Field Office, 307 Middletown-Lincroft Rd, Lincroft
 - April 4 Holy Name Hospital, Teaneck
- **Conduct feedback review**
- **Draft After Action Report for Internal Review**
- **Draft Improvement Action Plan**
- **Distribute After Action Report publically**

Additional Input

Please forward additional comments and
recommendations to:

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